



APPLICATION FOR CHANGE

DIVISION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
TEAM NAME		
NAME OF CAPTAIN	MOBILE:	
TYPE OF CHANGE	<input type="checkbox"/> Replace Current Player <input type="checkbox"/> Add New Player <input type="checkbox"/> Change Card Details <input type="checkbox"/> Others	
REASON(S) FOR REQUEST*	<input type="checkbox"/> Reason for leaving <input type="checkbox"/> Lost Existing Card	
New Player Details (for player replacement or addition)	Player Details	FULL NAME: (name with surname will be rejected) Email: Mobile:
	Card Details	Card ID: Card Name: Catch Phrase: Rating:
	Player being replaced	
	Old Card ID	
Card Details (for card replacement)	New Card ID	Card Name: Catch Phrase:

CAPTAIN'S SIGNATURE

DATE OF SUBMISSION

Please fax the form to DARTSLIVE at Fax No.: **6735-1381**, or email the form to : **admin@dartslive.sg**

FOR OFFICIAL USE ONLY

Verified By: _____ **(League Master)** **Date:** _____